

DISTRIBUTOR'S REPORT OF ADDITION OR REMOVAL

Distributor name: _____

DIS _____

Date _____

Charitable organization name: _____

ORG : _____

Model # of Device	Date changed	Added or removed

Playing Location

Name: _____

Address: _____

Telephone number: _____

Facility license number: _____

Manufacturer/Distributor from whom obtained:

Name: _____

License # : _____

Date

Signature

Printed name

Title